



## MARYLAND Department of Health

### **Public Health Preparedness and Situational Awareness Report: #2019:21**

Reporting for the week ending 05/25/19 (MMWR Week #21)

**May 31, 2019**

#### **CURRENT HOMELAND SECURITY THREAT LEVELS**

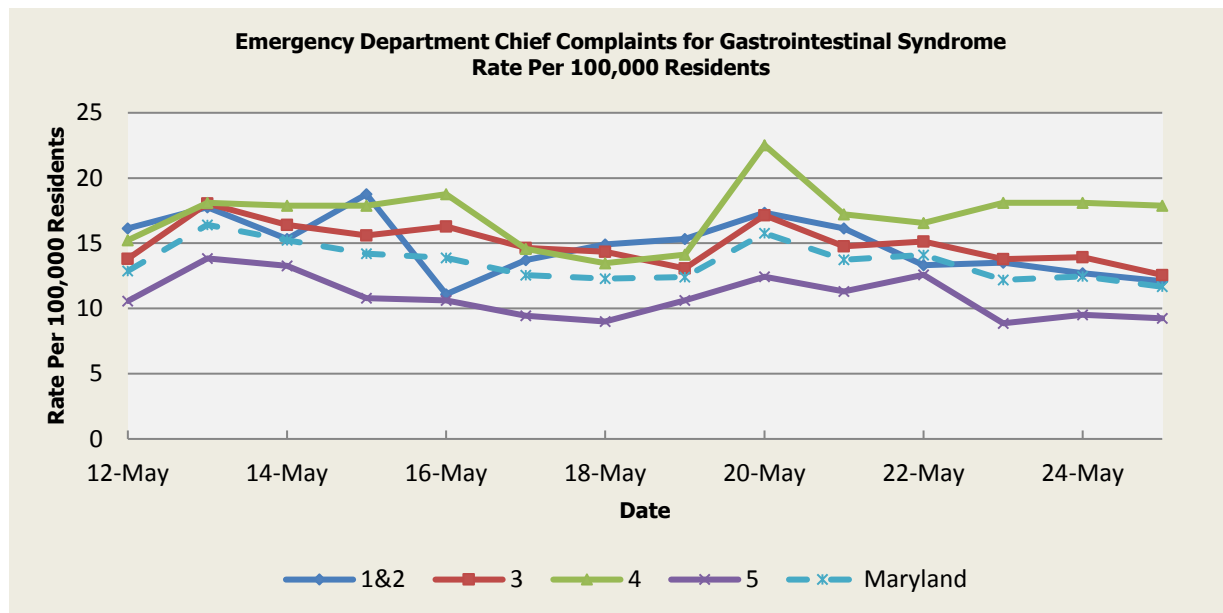
<b>National:</b>	<b>No Active Alerts</b>
<b>Maryland:</b>	<b>Normal (MEMA status)</b>

### **SYNDROMIC SURVEILLANCE REPORTS**

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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## Gastrointestinal Syndrome



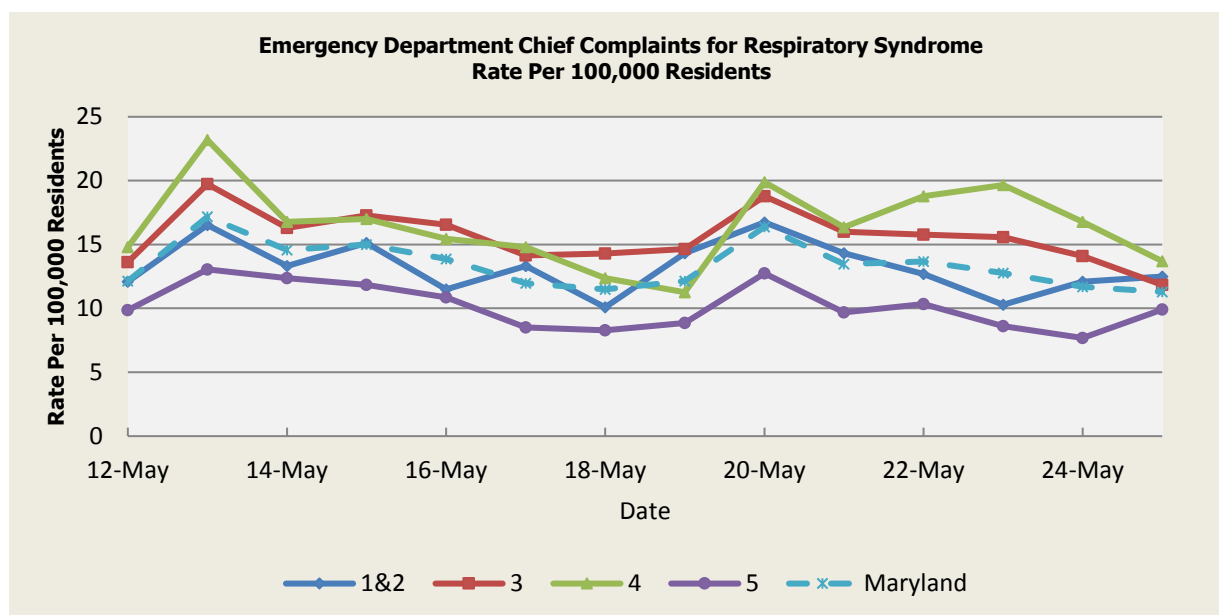
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.24	15.11	15.89	10.23	13.14
Median Rate*	13.11	14.87	15.46	10.13	12.98

\* Per 100,000 Residents

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## Respiratory Syndrome



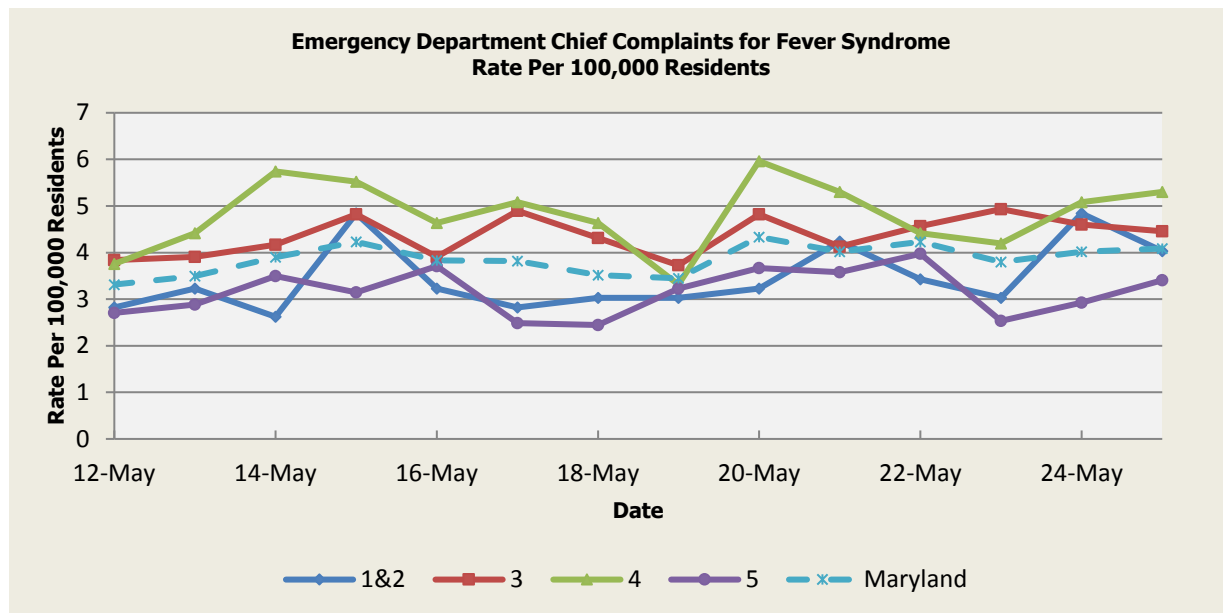
There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.66	14.75	15.08	9.99	12.78
Median Rate*	12.10	14.18	14.35	9.65	12.28

\* Per 100,000 Residents

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## Fever Syndrome



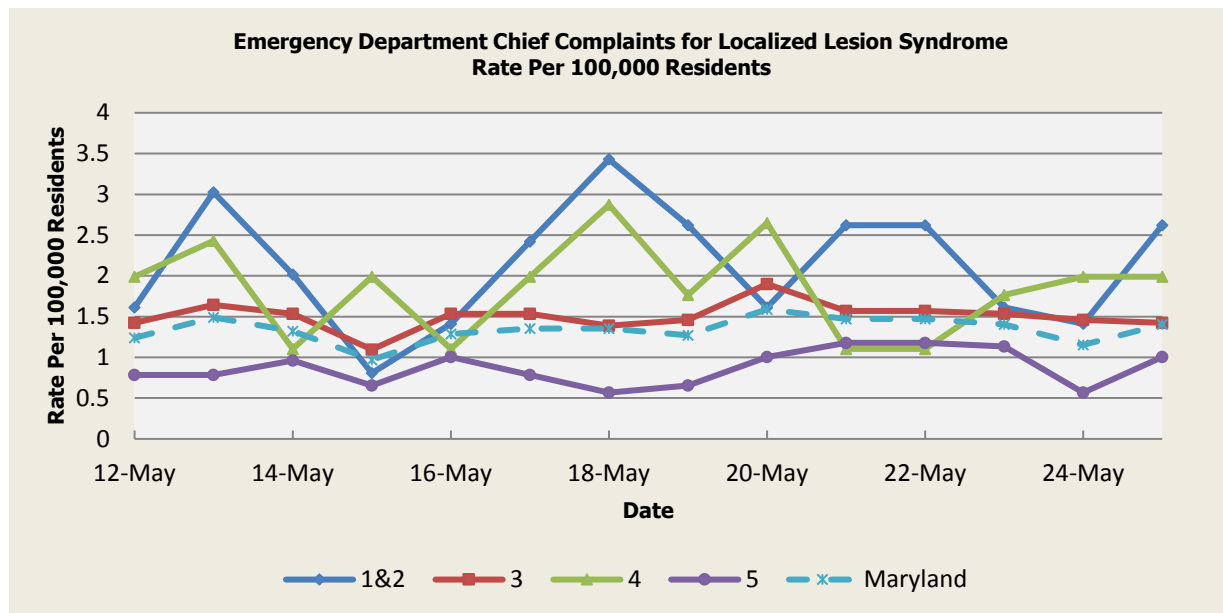
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.90	4.10	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

*\*Per 100,000 Residents*

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## Localized Lesion Syndrome



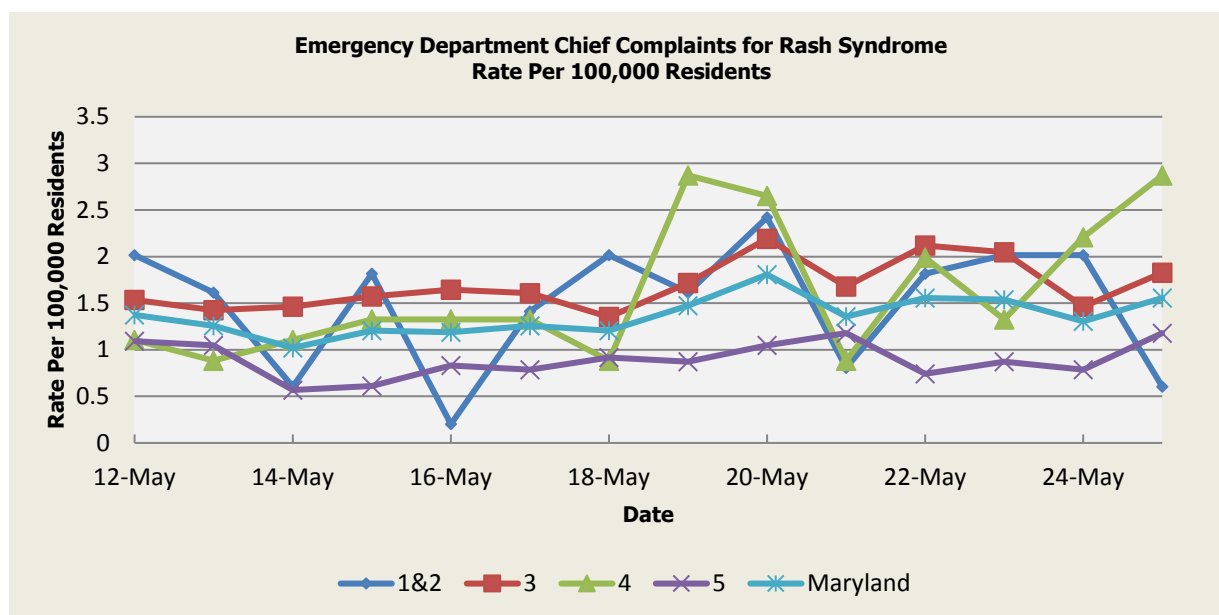
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.11	1.80	2.03	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.36

\* Per 100,000 Residents

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## Rash Syndrome



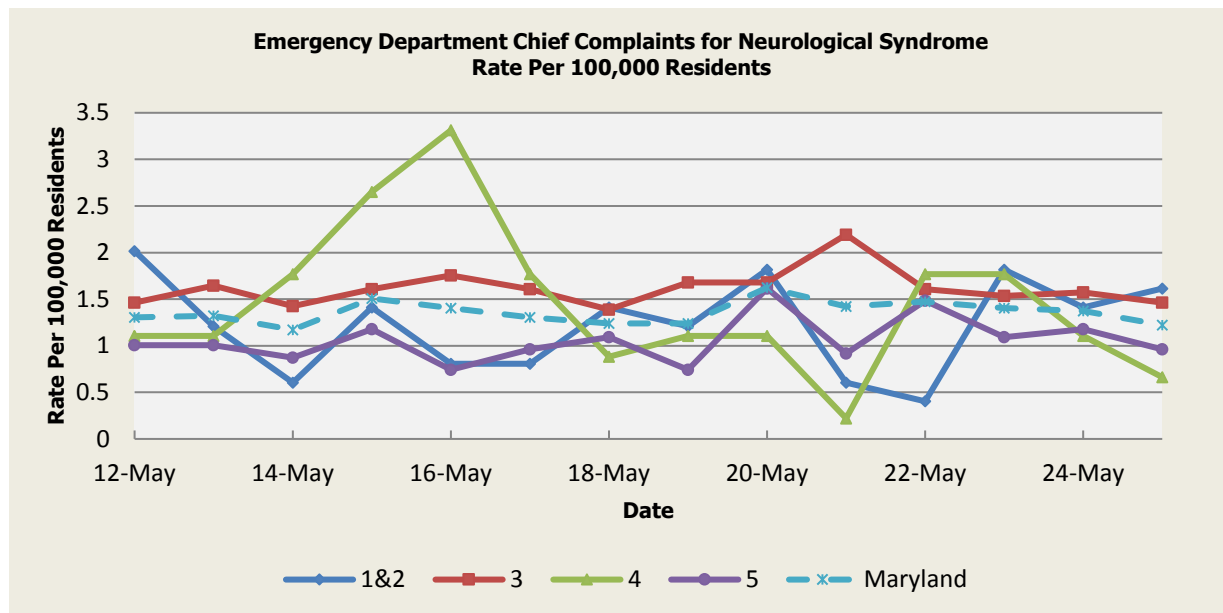
There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Scabies in a Nursing Home (Regions 1&2).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

\* Per 100,000 Residents

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## Neurological Syndrome



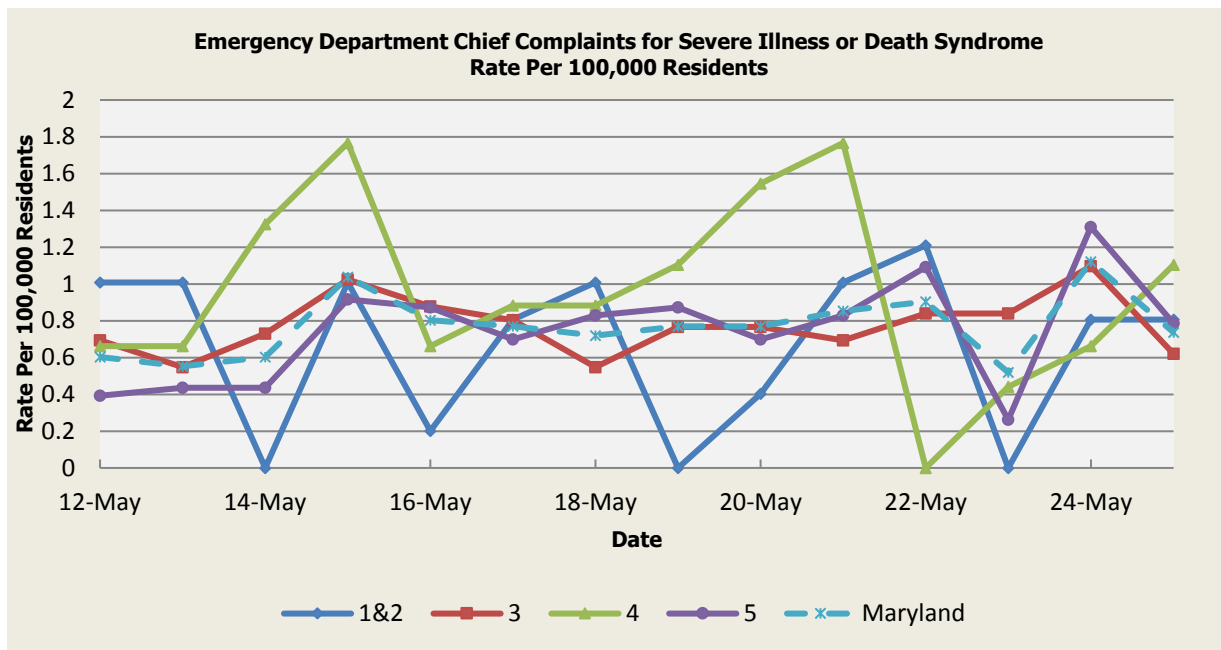
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.77	0.93	0.85	0.59	0.78
Median Rate*	0.60	0.84	0.66	0.52	0.69

\* Per 100,000 Residents

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## Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

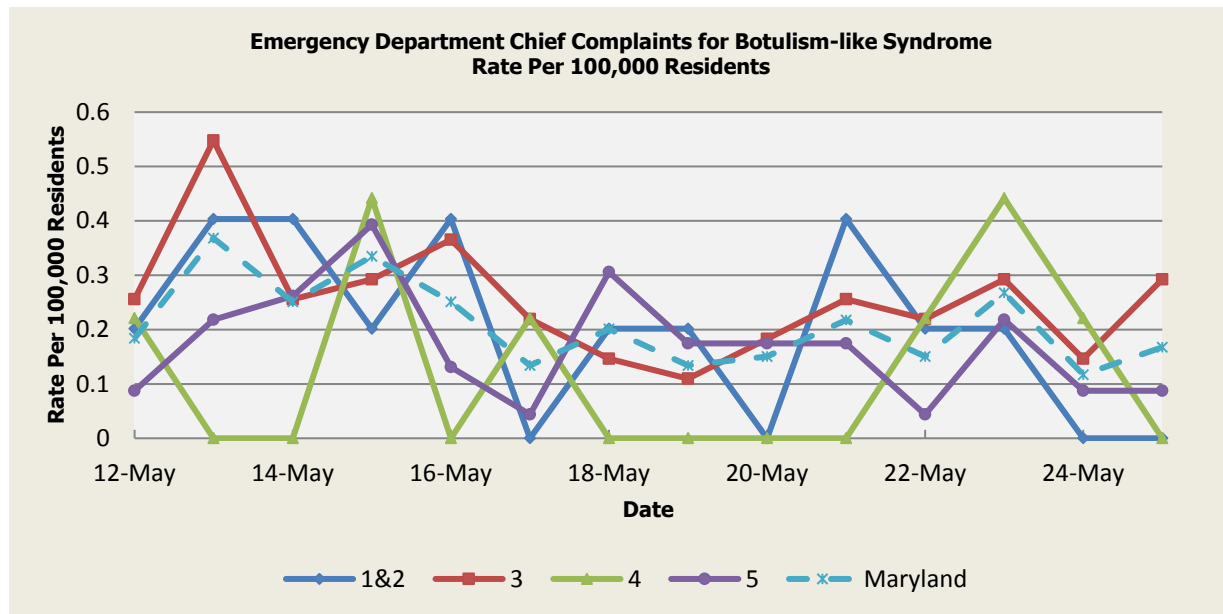
\* Per 100,000 Residents

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## **SYNDROMES RELATED TO CATEGORY A AGENTS**

### **Botulism-like Syndrome**



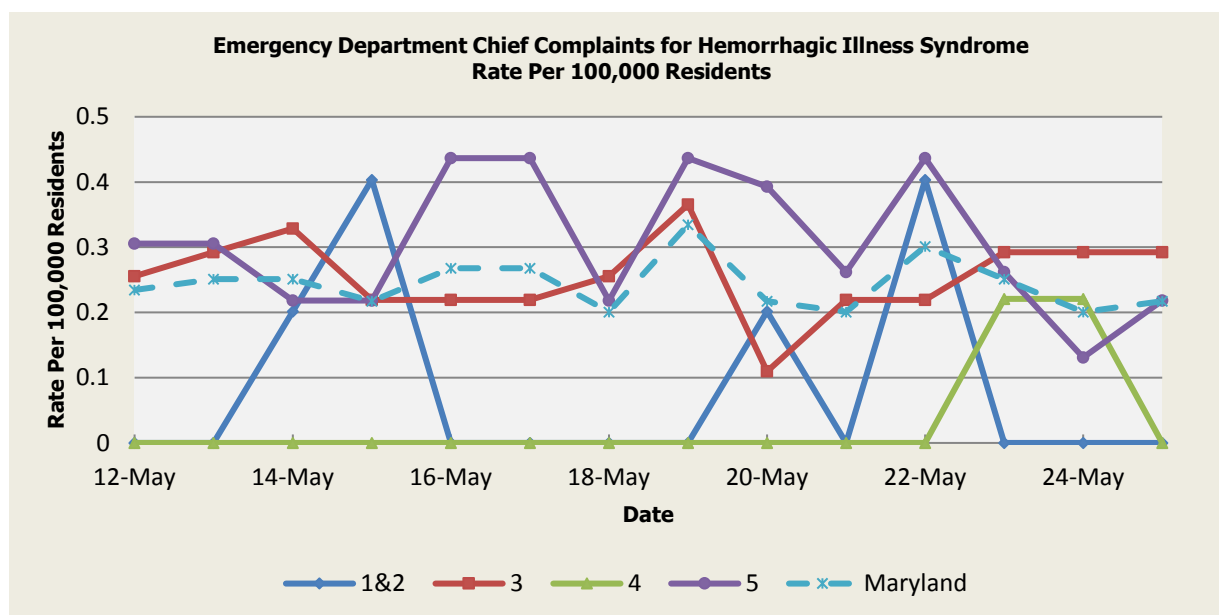
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 5/12 (Regions 1&2,3,4), 5/13 (Regions 1&2,3,5), 5/14 (Regions 1&2,3,5), 5/15 (Regions 1&2,3,4,5), 5/16 (Regions 1&2,3), 5/17 (Region 4), 5/18 (Regions 1&2,5), 5/19 (Regions 1&2,5), 5/20 (Region 5), 5/21 (Regions 1&2,5), 5/22 (Regions 1&2,4), 5/23 (Regions 1&2,3,4,5), 5/24 (Region 4), 5/25 (Region 3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

\* Per 100,000 Residents

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## Hemorrhagic Illness Syndrome



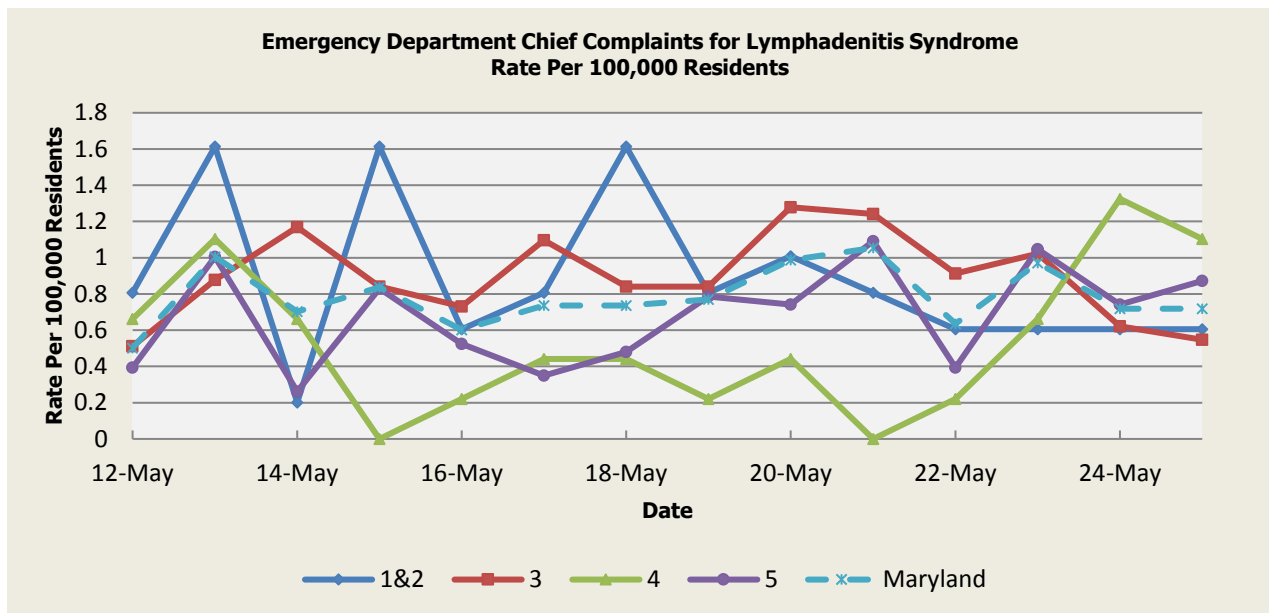
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 5/12 (Region 5), 5/13 (Region 5), 5/14 (Regions 1&2,3), 5/15 (Regions 1&2), 5/16 (Region 5), 5/17 (Region 5), 5/19 (Regions 3,5), 5/20 (Regions 1&2,5), 5/21 (Region 5), 5/22 (Regions 1&2,5), 5/23 (Regions 4,5), 5/24 (Region 4). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.07	0.00	0.09	0.08

\* Per 100,000 Residents

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## Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 5/12 (Regions 1&2), 5/13 (Regions 1&2,4,5), 5/14 (Region 3), 5/15 (Regions 1&2,5), 5/17 (Regions 1&2), 5/18 (Regions 1&2), 5/19 (Regions 1&2,5), 5/20 (Regions 1&2,3,5), 5/21 (Regions 1&2,3,5), 5/23 (Region 5), 5/24 (Regions 4,5), 5/25 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.36	0.58	0.40	0.37	0.47
Median Rate*	0.40	0.47	0.44	0.31	0.42

\* Per 100,000 Residents

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## **MARYLAND REPORTABLE DISEASE SURVEILLANCE**

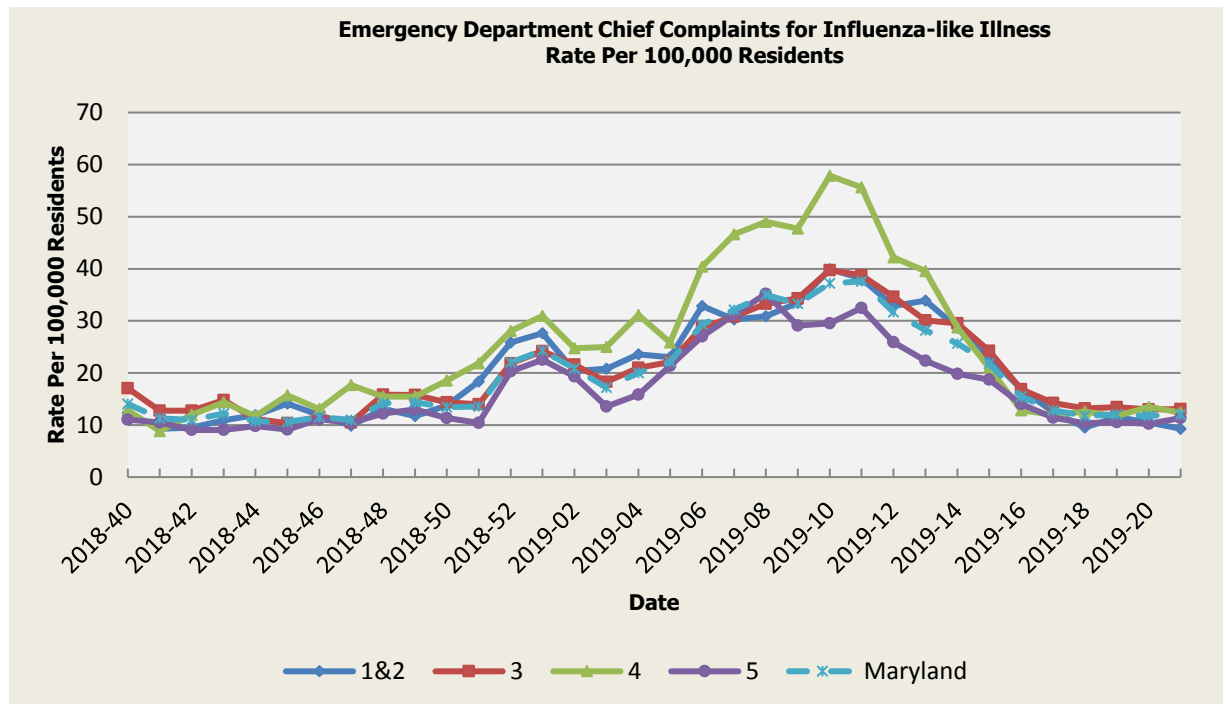
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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## **SYNDROMIC INFLUENZA SURVEILLANCE**

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

### **Influenza-like Illness**

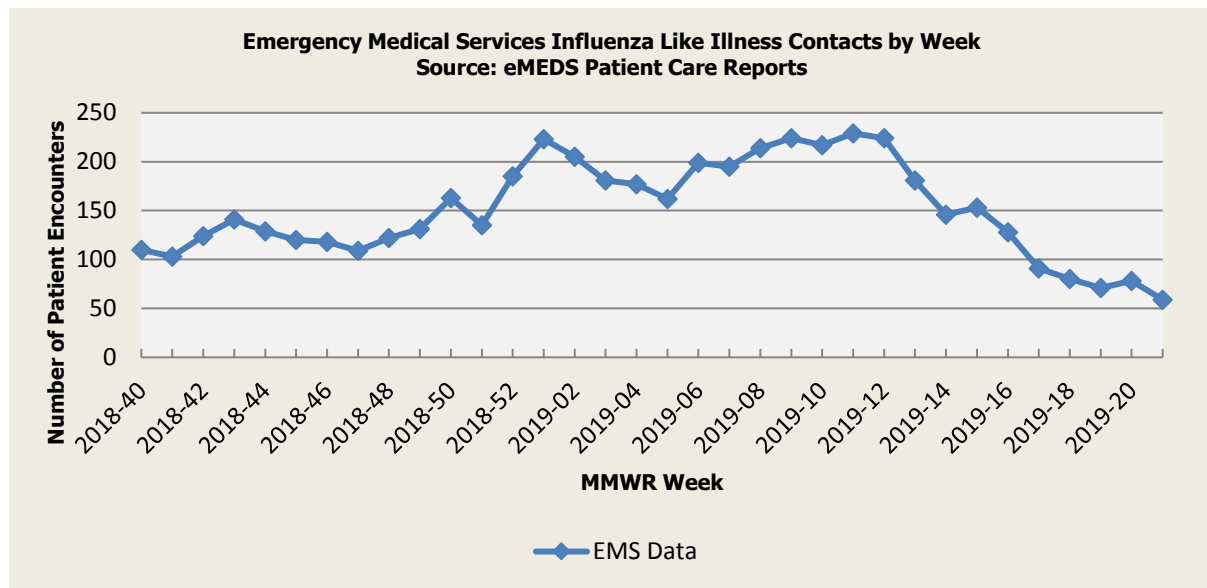


<b>Influenza-like Illness Baseline Data Week 1 2010 - Present</b>					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.30
Median Rate*	7.66	10.38	9.27	8.80	9.49

\* Per 100,000 Residents

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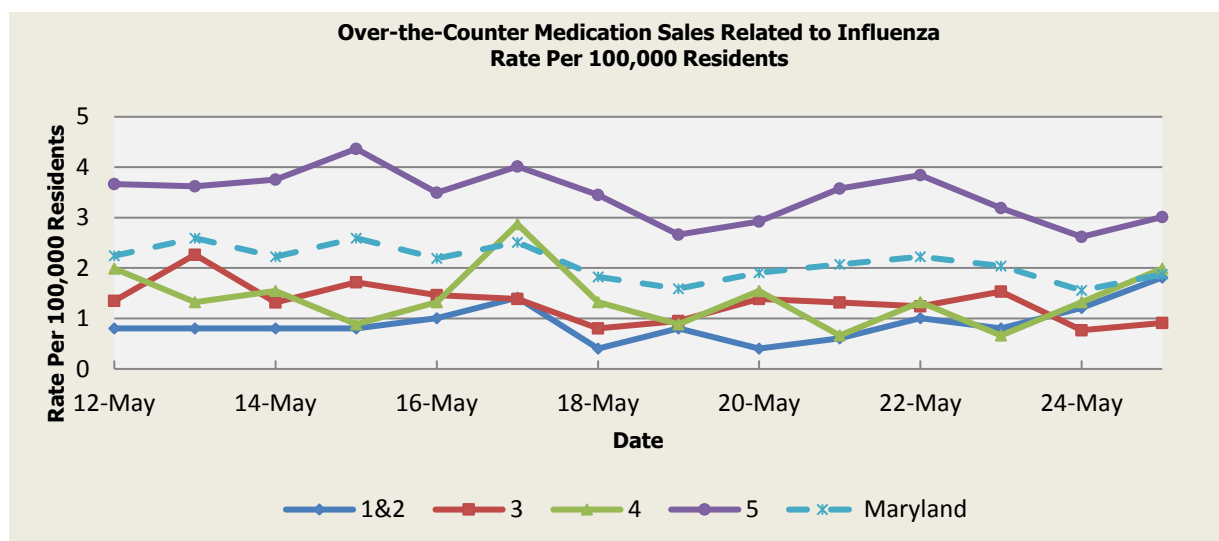
## Influenza-like Illness Contacts by Week



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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## Over-the-Counter Influenza-Related Medication Sales



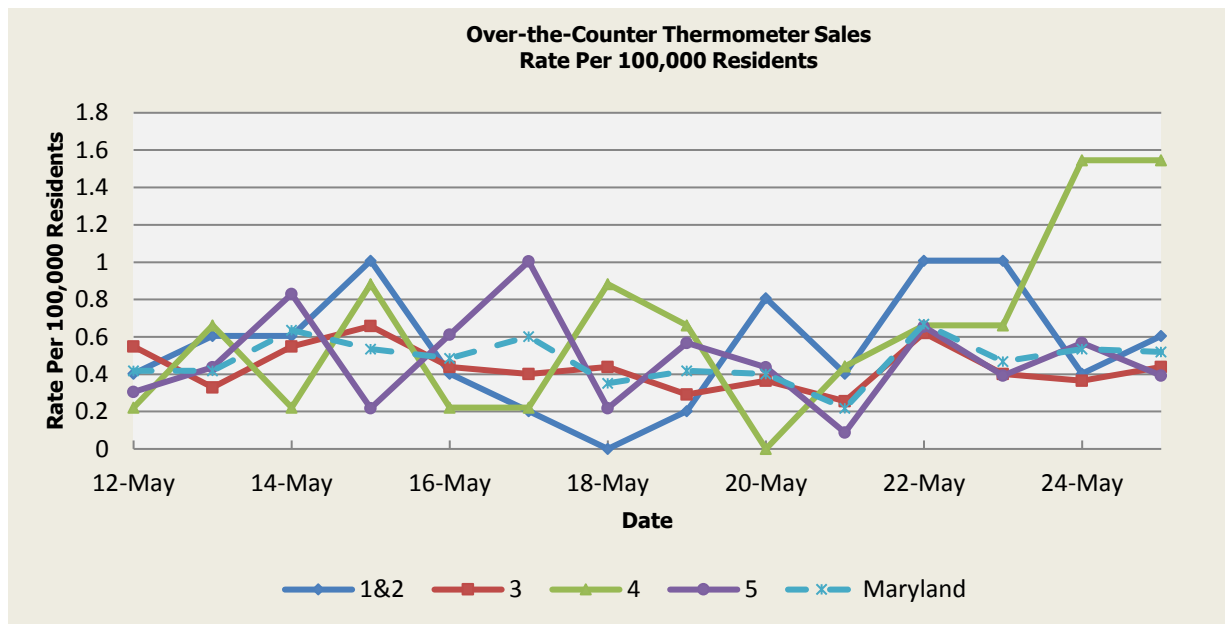
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.56	4.58	2.71	8.00	5.67
Median Rate*	2.82	3.76	2.43	7.29	4.94

\* Per 100,000 Residents

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## Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	2.90	2.29	3.84	3.23
Median Rate*	2.82	2.74	2.21	3.71	3.11

\* Per 100,000 Residents

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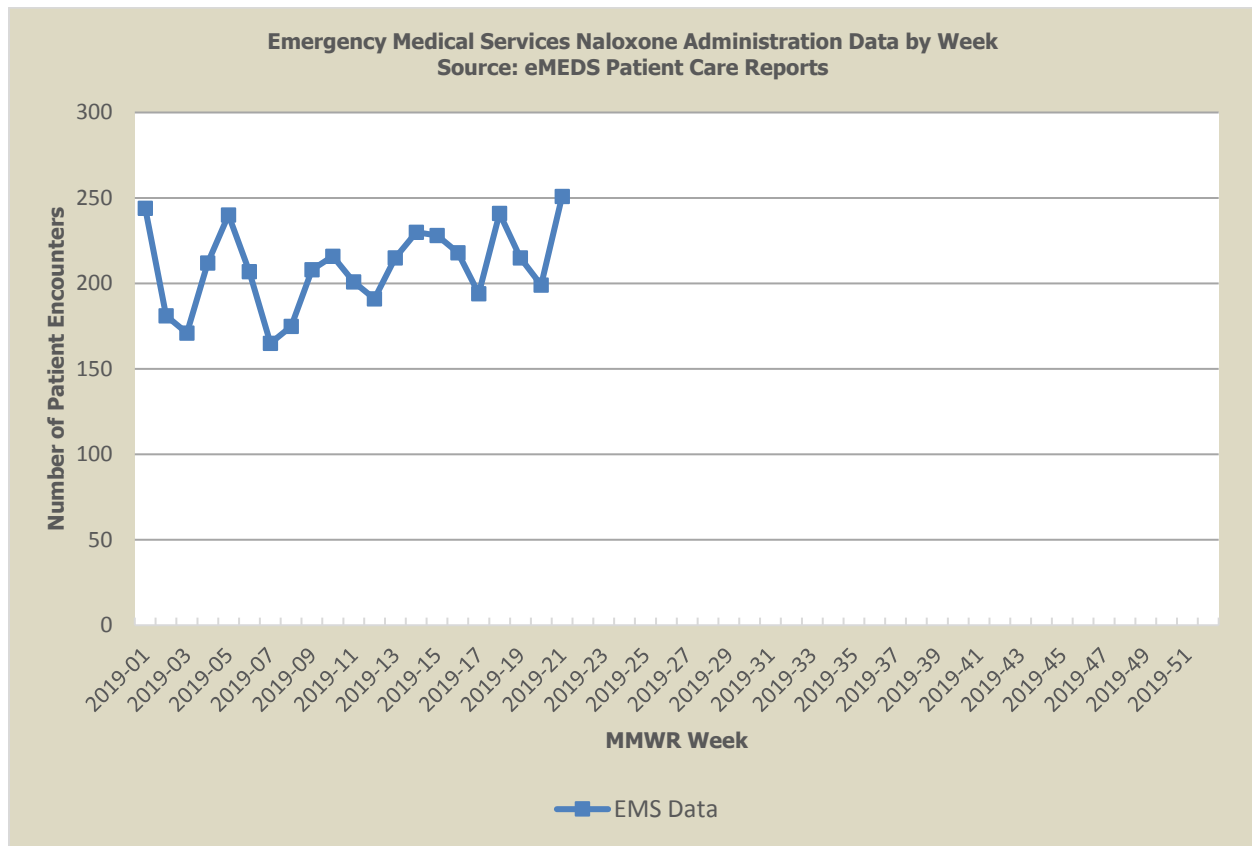
## **SYNDROMIC OVERDOSE SURVEILLANCE**

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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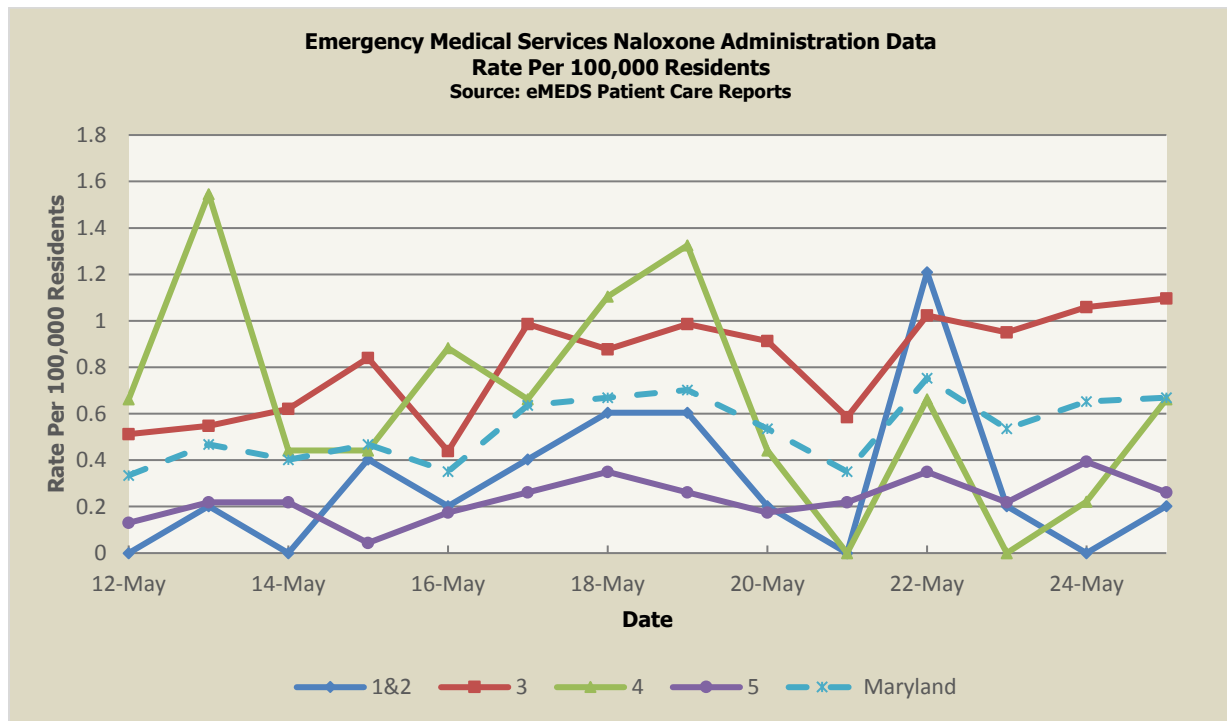
## Naloxone Administration Data by Week



**Disclaimer on eMEDS naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## Naloxone Administration Data



**Disclaimer on eMEDS Naloxone administration related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of May 30, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

### **AVIAN INFLUENZA**

*There were no relevant avian influenza reports this week.*

### **HUMAN AVIAN INFLUENZA**

*There were no relevant human avian influenza reports this week.*

## **NATIONAL DISEASE REPORTS**

**LEGIONELLOSIS (NEW JERSEY)**, 26 May 2019, Health officials have identified a cluster of Legionnaires' disease cases in Union County, [New Jersey] authorities said Friday [24 May 2019]. There are 22 confirmed cases. [The people became ill between 8 Mar-13 May 2019 (<https://patch.com/new-jersey/westfield/5-deaths-union-county-legionnaires-disease-cluster>). A "vast majority" of those who fell ill live in Union County (<https://www.nj.com/union/2019/05/nj-legionnaires-disease-outbreak-leaves-5-dead-after-22-are-sickened-in-union-county.html>).] The disease is being blamed for 5 deaths, although officials said they were "older adults who had significant medical conditions." Read More: <http://www.promedmail.org/post/6488187>

**HANTAVIRUS (NEW MEXICO)**, 26 May 2019, The New Mexico Department of Health confirms the state's first hantavirus [infection] case of 2019. A 50-year old woman from

McKinley County was hospitalized and is now resting at home. Read More: <http://www.promedmail.org/post/6487754>

**HANTAVIRUS (COLORADO)**, 23 May 2019, The first confirmed Colorado case of hantavirus in 2019 has recently been reported, according to Northeast Colorado Health Department Public Information Officer Alicea Einspahr. Einspahr said in a press release this serves as a good reminder that the virus is found throughout the state, including in Northeast Colorado. Human cases infrequently occur however, the illness is severe and potentially life-threatening if not identified early. Read More: <http://www.promedmail.org/post/6482553>

## **INTERNATIONAL DISEASE REPORTS**

**YELLOW FEVER (UGANDA)**, 30 May 2019, The Ugandan Ministry of Health declared a yellow fever outbreak earlier this month [May 2019] after laboratory confirmed cases were reported from Koboko [Northern region] and Masaka [Central region] districts (in the region of 600km [375 miles] apart). The patients are an 80 year old woman and a 10 year old girl. Neither had a history of yellow fever vaccination, nor exhibited symptoms of jaundice, however the older woman had hemorrhagic signs. Read More: <http://www.promedmail.org/post/6492199>

**POLIOMYELITIS (CENTRAL AFRICAN REPUBLIC)**, 29 May 2019, Two cases of vaccine-derived poliovirus have been reported from Bambari health district. The index case presented with acute flaccid paralysis [AFP], while the 2nd case was an asymptomatic contact of the index case. There is a high risk of transmission of the virus, as both cases were among internally displaced person with an estimated population of 8000. The 2 cases had no previous history of vaccination for polio. Vaccination coverage in the affected district is 50%, with insecurity being one of the main obstacles to access. Read More: <http://www.promedmail.org/post/6493464>

**ANTHRAX (LESOTHO)**, 27 May 2019, Over 50 people were taken ill this week after they ate meat from cattle that died of anthrax in Qeme last Saturday [18 May 2019]. About 55 were rushed to nearby clinics while 18 of them were given prophylaxis and treated as outpatients. Most of the victims developed blisters and had swollen limbs while others suffered from severe stomach-aches and diarrhea. So far more than 20 cattle have died from anthrax. Read More: <http://www.promedmail.org/post/6489777>

**UNDIAGNOSED HEMORRHAGIC FEVER (UGANDA)**, 26 May 2019, On 23 May 2019, two children died of a strange disease which presented symptoms similar to those of the Ebola virus [infection]. The victims of the strange disease are a 10-year-old girl and a boy who was 9 months old. They were children of a man, a resident of Kikonda village in Kiryanga Sub-county, Kagadi District. They were passing blood from the mouth and the nose, which symptoms are similar to those caused by the Ebola virus [infection]. Read More: <http://www.promedmail.org/post/6488465>

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the MDH website:  
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):  
<http://flusurvey.health.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

